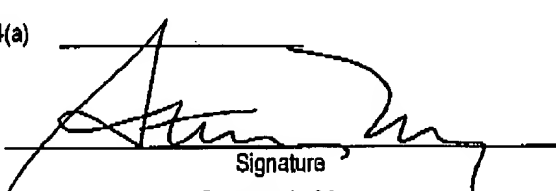
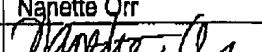
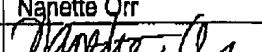


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number RECEIVED CE086748 CENTRAL FAX CENTER																								
In re Application of <u>Chen et al.</u>		OFFICIAL																								
Application Number <u>09/775,950</u> Filed <u>Herewith</u>																										
For <u>APPARATUS AND METHOD FOR PROVIDING TURBO CODE INTERLEAVING IN A COMMUNICATIONS SYSTEM</u>																										
Group Art Unit. <u>2133</u> Examiner <u>Abraham, E.</u>																										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Reply in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"><input type="checkbox"/></td><td style="width: 55%;">One Month (37 CFR 1.17(a)(10))</td><td style="width: 15%;">\$110.00</td><td style="width: 15%; text-align: right;">\$</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Two Months (37 CFR 1.17(a)(2))</td><td>\$420.00</td><td style="text-align: right;">\$420.00</td></tr><tr><td><input type="checkbox"/></td><td>Three Months (37 CFR 1.17(a)(3))</td><td>\$950.00</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Four Months (37 CFR 1.17(a)(4))</td><td>\$1480.00</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Five Months (37 CFR 1.17(a)(5))</td><td>\$2010.00</td><td style="text-align: right;">\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown Above is reduced by one-half, and the resulting fee is \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number <u>502117</u> I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: <u>44,912</u>)</p> <p><input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>July 27, 2004</u> Date</div><div style="text-align: center;"> Signature <u>Steven A. May</u> Type or printed name</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><input checked="" type="checkbox"/> Total of <u>1</u> form(s) are submitted</div> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 5px;">CERTIFICATE OF MAILING</div> <p>I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:</p> <div style="text-align: right; margin-right: 50px;"><u>July 27, 2004</u></div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><tr><td style="width: 30%; padding: 5px;">Typed or printed name</td><td style="padding: 5px;"><u>Nanette Orr</u></td></tr><tr><td style="padding: 5px;">Signature</td><td style="padding: 5px;"></td></tr></table>			<input type="checkbox"/>	One Month (37 CFR 1.17(a)(10))	\$110.00	\$	<input checked="" type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$420.00	\$420.00	<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$950.00	\$	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$1480.00	\$	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$2010.00	\$	Typed or printed name	<u>Nanette Orr</u>	Signature	
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